

Hepatitis D Infection Fact Sheet

(adapted from materials developed by the Centers for Disease Control and Prevention)

Report to Iowa Dept. of Public Health	<ul style="list-style-type: none"> • Report the following to the Iowa Department of Public Health: <ul style="list-style-type: none"> ○ Hepatitis D infection • Report to the Iowa Department of Public Health by any of the following methods: <ul style="list-style-type: none"> ○ Phone: 515.281.5027 ○ Fax: 515.281.4570 ○ Mail: Iowa Department of Public Health / Bureau of Immunization 321 East 12th Street Des Moines, Iowa 50319
Etiology	<ul style="list-style-type: none"> • Hepatitis D virus (HDV) is a defective, single-stranded RNA virus that requires the helper function of the hepatitis B virus (HBV) to replicate.
Signs and Symptoms	<ul style="list-style-type: none"> • HDV infection causes hepatitis only in persons with acute or chronic HBV infection; the HDV cannot produce infection in the absence of HBsAg. • Symptoms are indistinguishable from HBV infection, whether HBV-HDV co-infection (simultaneously acquired) or superinfection (HDV acquired by a person with chronic HBV infection) • Severe acute disease and higher risk of fulminant hepatitis with HBV-HDV co-infection • The average incubation period for: <ul style="list-style-type: none"> ○ Co-infection is 90 days (range 45-160 days) ○ Superinfection is approximately 2-8 weeks.
Long-Term Effects	<ul style="list-style-type: none"> • Co-infection <ul style="list-style-type: none"> ○ severe acute disease ○ low risk of chronic infection • Superinfection <ul style="list-style-type: none"> ○ usually development of chronic HDV infection • High risk of severe chronic liver disease
Transmission	<ul style="list-style-type: none"> • Percutaneous exposure; injecting drug use • Perimucosal exposure • Sexual transmission is less common • Perinatal transmission is rare • Persons at risk for HBV infection might also be at risk for infection with hepatitis C virus (HCV) or HIV
Communicability	<ul style="list-style-type: none"> • Persons with HBV-HDV superinfection are the primary reservoirs of infection.
Risk Groups	<ul style="list-style-type: none"> • Injection drug users • Persons with hemophilia • Infants/children of immigrants from areas with high rates of HBV infection • Household contacts of chronically infected persons • Persons with multiple sex partners or diagnosis of a sexually transmitted disease • Men who have sex with men • Sexual contacts of infected persons • Infants born to infected mothers • Health care and public safety workers • Hemodialysis patients

Hepatitis D Infection Fact Sheet – Cont.

<p>Prevention</p>	<p>HBV-HDV co-infection:</p> <ul style="list-style-type: none"> • Pre- or postexposure prophylaxis to prevent HBV infection <p>HBV-HDV superinfection:</p> <ul style="list-style-type: none"> • Education to reduce risk behaviors among persons with chronic HBV infection. <p>HBV:</p> <ul style="list-style-type: none"> • Hepatitis B vaccine is the best protection. • Latex condoms are recommended for sexually active individuals, especially those having sex with more than one partner. The efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use may reduce transmission. • Pregnant women should get a blood test for HBV. Infants born to HBV-infected mothers should be given HBIG (hepatitis B immune globulin) and vaccine within 12 hours after birth. • Injection drug users should be encouraged to discontinue injection drug use and to enroll in a treatment program; to never share needles, syringes, water, or "works;" and to get vaccinated against hepatitis A virus (HAV) and HBV. • Individuals should not share personal care items that might be contaminated with blood (i.e. razors, toothbrushes). • Patients should be encouraged to consider the risks of tattoos or body piercings. • Patients who have had HBV should not donate blood, organs, or tissue. • Health care or public safety workers should get vaccinated against HBV, always follow routine barrier precautions, and safely handle needles and other sharps
<p>Vaccine Recommendations</p>	<ul style="list-style-type: none"> • See Vaccine Recommendations section of Hepatitis B. • Because HDV cannot be transmitted in the absence of HBV infection, hepatitis B immunization protects against HDV infection. • Carriers of HBsAg should take extreme care to avoid exposure to HDV because no currently available immunobiologic exists for prevention of HDV superinfection.
<p>Treatment & Medical Management</p>	<ul style="list-style-type: none"> • Supportive care
<p>Postexposure Management</p>	<ul style="list-style-type: none"> • Carriers of HBsAg should take extreme care to avoid exposure to HDV because no currently available immunobiologic exists for the prevention of HDV superinfection.
<p>Trends & Statistics</p>	<ul style="list-style-type: none"> • While HDV prevalence in the U.S. is low, it is most commonly found in parenteral drug users, persons with hemophilia, and persons immigrating from endemic areas.
<p>References</p>	<ul style="list-style-type: none"> • http://www.cdc.gov/ncidod/diseases/hepatitis/d/index.htm (CDC website on HDV) • Pickering L, eds. "Red Book 2000 Report of the Committee on Infectious Diseases, 25th ed." 2000, American Academy of Pediatrics. • Atkinson W, Wolfe C, eds. "Epidemiology and Prevention of Vaccine-Preventable Diseases, 7th ed." Jan 2002, DHHS-CDC. http://www.cdc.gov/nip/publications/pink/Full.htm